



The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Public Health  
Bureau of Health Care Safety and Quality  
**Medical Use of Marijuana Program**  
99 Chauncy Street, 11<sup>th</sup> Floor, Boston, MA 02111

CHARLES D. BAKER  
Governor

KARYN E. POLITO  
Lieutenant Governor

MARYLOU SUDDERS  
Secretary

MONICA BHAREL, MD, MPH  
Commissioner

Tel: 617-660-5370  
[www.mass.gov/medicalmarijuana](http://www.mass.gov/medicalmarijuana)

December 19, 2018

Edward Matthew  
Good Health Works, LLC  
398 Columbus Ave #122  
Boston, MA 02116

Re: Request for Information

Dear Mr. Matthew,

This letter is to inform you that the Department of Public Health (“Department”) has reviewed the additional or revised information submitted for Good Health Works, LLC’s *Application of Intent* (Application 1 of 1). The *Application of Intent* requires the following information before the Department may complete its evaluation:

1. As stated in the request for information from the Department dated November 26, 2018, the applicant did not sign the first attestation on Page 7 of the application. The applicant instead resubmitted the attestation on Page 8. The applicant must resubmit a complete Page 7 with this attestation signed.
2. As stated in the request for information from the Department dated November 26, 2018, the submitted table in Section C does not indicate all of the individuals contributing 5% or more of initial capital to operate the proposed RMD, **as indicated in the submitted financial account summary, including, Louis A. Delpidio, Nancy E. Maida, and Cynthia Delpidio**. Please ensure you include all joint account holders. Please resubmit a completed Section C with this information included, or explain why it’s not included.

If the applicant has been requested to resubmit their response to a question, please do so using the page on the application form for that particular question, and include an initialed attestation at the bottom of the page. The applicant need not resubmit the entire application and may submit only the page for the particular question that needs to be submitted.

Please remember to type all responses in the information or materials resubmitted to the Department, other than any required signatures, as well as include the name of the Applicant Corporation *and* the number of the application (e.g., Application 1 of 1) at the top of each page of the resubmitted information or materials.

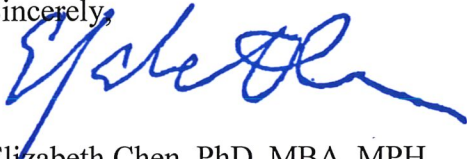
Please resubmit the additional or revised information as outlined above, via U.S. mail or hand-delivery, to:

Department of Public Health  
Medical Use of Marijuana Program  
RMD Applications  
99 Chauncy Street, 11<sup>th</sup> Floor  
Boston, MA 02111

Upon receipt, the Department will review the information and will notify the applicant if it is invited to submit a *Management and Operations Profile* or if further information is required before the applicant may proceed.

If you have questions or need assistance, you may contact the Department at 617-660-5370 or [RMDapplication@state.ma.us](mailto:RMDapplication@state.ma.us).

Sincerely,



Elizabeth Chen, PhD, MBA, MPH  
Assistant Commissioner  
Massachusetts Department of Public Health